

This agency is a partner in the Hoosier Management Information System (HMIS), a project of the Indiana Coalition on Housing and Homeless Issues (ICHHI). HMIS partner agencies work together to provide services to persons and families in need in Indiana. When you request or receive services, we may collect data about you and your household such as:

- Basic Identifying Information, such as Name, Date of Birth, Social Security Number, Gender, Ethnicity/Race, Veteran Status, Prior Residence Information, and Program Status.
- Case Management and Supportive Services Information such as Intake and Assessment, Income/ Benefits, Disability, General Health, Pregnancy, and HIV/AIDS status, Behavioral Health Status, Domestic Violence, Education, Employment, Legal, Veterans, Services Needed/ Received, Destination, and Follow-up Services.

How will my data be used?

Your data will be used for statistics, such as the number of persons that are homeless, and to share information with other agencies that serve persons in need of assistance. The specific ways in which this agency may use or disclose your information is stated in our Notice of Privacy Practices, which is posted in this agency.

How will my data be protected?

Your data is entered into a computer program that is protected by passwords and encryption technology. In addition, each partner agency must sign an agreement to maintain the security and confidentiality of the information. Any person or partner agency that violates the agreement may have their access right terminated and may be subject to further penalties.

How do I benefit by providing the requested information and sharing it with other agencies?

By sharing your information with other agencies, you may be able to avoid being screened again, get services faster, and minimize how many times you have to tell your "story." You also help agencies document the need for services and demonstrate that funding is needed.

Client Informed Consent/Authorization for Release of Information

By signing this form, I agree to share the following Level of information with other HMIS partner agencies.

- ☐ 1) I agree to share all of my information with other HMIS partner agencies.
- ☐ 2) I agree to share all of my information with other HMIS partner agencies, with the exception of:
(Check All That Apply)
- ☐ HIV/AIDS Information, such as status, diagnostic test results, mode of transmission, sexuality
- ☐ Domestic Violence Information, such as abuse history, abuser information, trauma information
- ☐ Behavioral Health Information, such as substance and alcohol abuse and mental illness information
- ☐ 3) I do not agree to share any of my information with other HMIS partner agencies.

I UNDERSTAND THAT:

- This consent form expires in three (3) years. I have the right to revoke this consent at any time by writing to this agency. Also, the revocation will not be retroactive to any information that has already been released. I may request additional restrictions to consent, but this agency is not required to agree to them. If this agency does agree to additional restrictions, they would be binding. However, any requested restrictions must be approved in advance by ICHHI.
- This agency has posted a Notice of Privacy Practices (Notice), and I may request a paper copy from this agency. The Notice describes the ways in which my personal information may be disclosed to certain persons outside the HMIS partner agencies. The terms of this agency's Notice may change. I may obtain a revised copy of the Notice by writing to: ICHHI, 324 West Morris Street, Suite 202, Indianapolis, IN 46225.
- I have read or this agency has summarized the information in the Notice of Privacy Practices.

Signature of Consumer or Guardian

Date

Signature of Agency Witness

Date

This Form may not be amended except by ICHHI. Proposals for amendments may be sent to info@ichhi.org.